

# SOLDIER'S MEDICAL EVALUATION BOARD/PHYSICAL EVALUATION BOARD COUNSELING CHECKLIST

For use of this form, see AR 635-40; the proponent agency is DCS, G-1.

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** 10 USC chapter 61 and 5 USC 301.

**PRINCIPAL PURPOSE:** To explain disability evaluation, ensure counseling is documented, and provide the Soldier with a checklist of the steps involved to process their disability evaluation case.

**ROUTINE USES:** Confirmation of steps involved for counseling performed and counseling received, as well as required steps in order to complete the Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) process

**DISCLOSURE:** Disclosure of Social Security Number is voluntary.

## SECTION I. APPLICABILITY

This form is applicable to all Soldiers processing through the Physical Disability Evaluation System (PDES), to include Soldiers who request separation for physical disability with waiver of a Physical Evaluation Board under AR 635-40, chapter 5.

## SECTION II. INSTRUCTIONS

The Physical Evaluation Board Liaison Officer (PEBLO) is responsible for counseling Soldiers throughout all phases of PDES. The PEBLO will give this form to the Soldier, so the Soldier knows what to expect throughout his/her disability processing. This form will be forwarded to the PEB with the Soldier's final election for inclusion in the case file. This form replaces DA FORM 5893-R, JUN 1990 ACKNOWLEDGMENT OF NOTIFICATION OF FORMAL PHYSICAL EVALUATION BOARD HEARING and is approved for immediate use. This form will be included in the next revision of AR 635-40.

## SECTION III. MEB STEPS

### A. MEDICAL EVALUATION BOARD (MEB) STEPS

Initials:	I have attended the Standard MEB/PEB Briefing.	DATE SCHEDULED: _____
		DATE ATTENDED: _____
Initials:	I have begun my VA claims processing and have obtained a copy of my medical record.	
Initials:	I was informed that I can follow the progress of my MEB through my AKO account (My MEB). My PEBLO, using my login information, logged me on to My MEB and demonstrated the web interface to me.	
Initials:	I have been scheduled for an Army Career and Alumni Program (ACAP) Briefing on Date _____ (www.acap.army.mil)	
Initials:	I have received a copy of the Army Physical Disability Evaluation System (APDES) Handbook.	
Initials:	I have turned in to my PEBLO a copy of the ACAP documentation showing that I attended.	
Initials:	I have had an initial counseling session with my PEBLO. I know who my PEBLO is and how to contact my PEBLO. If assigned to the WTU, I have informed my PEBLO of who my Case Manager and my Squad Leader is. I have provided my PEBLO with a reliable method of contacting myself (e.g. cell phone.)	
	My PEBLO: _____	Telephone Number: _____
	Case Manager: _____	Telephone Number: _____
	Squad Leader: _____	Telephone Number: _____
Initials:	I have been counseled on my right to have my case reviewed by an impartial medical professional.	
Initials:	I have been counseled on how more evidence may be presented for consideration of the MEB.	
Initials:	I have been provided the phone number to the regional Office of Soldier Counsel. Telephone: _____	
Initials:	I have been scheduled for Part I of Physical Examination. Date: _____	
Initials:	I have been scheduled for Part II of Physical Examination. Date: _____	
Initials:	I have turned in all required administrative documents. (LES, ERB/ORB, any orders and other required administrative documents)	
Initials:	I have obtained counsel of my choice. (Office of Soldier Counsel (OSC), Disabled American Veterans (DAV) or private	
Initials:	I have reviewed the DA 3947, Medical Evaluation Board Proceedings findings and recommendations.	
Initials:	I understand that I have 5 calendar days for impartial physician review and 7 calendar days to make election of concur/nonconcur.	
Initials:	I have been counseled and understand the criteria and procedures for requesting continuance on active duty or continuance in the Active Reserve (COAD/COAR).	
Initials:	I understand that I must sign the DA 3947 Medical Evaluation Board Proceedings. I understand that if I do not sign my DA 3947 that my DA 3947 will be forwarded to the PEB with a statement explaining the circumstances of refusal.	
Initials:	I have been advised of the MEB appeal procedures. I have been advised that I may ask for a reasonable amount of additional time to construct my appeal per MEDCOM policy.	
Initials:	If appeal to MEB was submitted, I was informed of decision by approving authority.	
Initials:	I have been informed of the procedures for requesting separation with waiver of a PEB, stressing that such request is voluntary.	
Initials:	I was given a complete copy of my MEB and allied administrative documents.	
Initials:	If applicable, the provisions for retention beyond scheduled separation or retirement date for purposes of disability evaluation were explained to me.	
Initials:	I have been briefed about my possible entitlement (if appropriate) to Traumatic Injury Protection Under Servicemembers' Group Life Insurance (TSGLI). (www.tsqli.army.mil)	

<b>SECTION III. MEB STEPS (Continued)</b>	
<b>A. MEDICAL EVALUATION BOARD (MEB) STEPS (Continued)</b>	
<b>Initials:</b>	I have been briefed regarding my right to apply for Social Security Benefits while still on Active Duty under the Social Security Administration's Wounded Warrior Program. ( www.socialsecurity.gov/woundedwarriors)
<b>Initials:</b>	I have been counseled on my right to contact the Wounded Soldier and Family Hotline. 1-800-984-8523
	<b>REMARKS:</b>  <div style="text-align: right;"><b>SECTION III A - PEBLO INT:</b>      Initials</div>
<b>B. PHYSICAL EVALUATION BOARD (PEB) ADJUDICATION (INFORMAL AND FORMAL) STEPS</b>	
<b>Initials:</b>	My PEBLO described the course of disability processing through the PEB.
<b>Initials:</b>	I was informed of my informal PEB findings and recommendations. A full explanation was given to me as to my disposition by my PEBLO. I received a copy of the informal PEB findings and recommendations.
<b>Initials:</b>	I understand that I have the right to consult with an independent counsel or Ombudsman at any time in this process. My Ombudsman is _____ Telephone Number: _____
<b>Initials:</b>	I know and understand my election options, guidelines for submitting a rebuttal, time limits, and impact of timely rebuttal on case review by PEB. I understand that I have 10 calendar days to make my election. I also understand that if I fail to sign the DA Form 199 (PEB findings and recommendations) that it will be construed that I concur with the PEB findings and recommendations and my case will be finalized. I understand that in certain cases, retirement eligible NG/USAR Soldiers MUST take certain actions to protect their retirement benefits.
<b>Initials:</b>	My PEBLO prepared and discussed estimates of disability retired pay or disability severance pay as changed by NDAA 08. I have received a copy of the estimate worksheet. (DA Form 5892-R, PEBLO Estimated Disability Compensation Worksheet).
<b>Initials:</b>	I know and understand my right under law to a full and fair hearing before separation or retirement for physical disability.
<b>Initials:</b>	I know and understand my right to and options for representation by counsel before a formal hearing.
<b>Initials:</b>	I know and understand my right to call witnesses on my behalf and to question all witnesses called by the PEB.
<b>Initials:</b>	I know and understand my right to testify or to remain silent and to make unsworn statements orally or in writing, or both, without being subject to questioning by the members of the PEB.
<b>Initials:</b>	I know and understand my right to request, female, minority, or enlisted representation for the formal PEB (if applicable); and that the PEB president will determine if such representation is reasonably available.
<b>Initials:</b>	I know and understand my right to review all records used by the PEB in evaluating my case.
<b>Initials:</b>	I understand that I may request to reverse prior elections that I have made, but that approval for those changes are at the discretion of the President of the PEB.
	<b>REMARKS:</b> The NDAA 08 changed the computation of disability severance pay to 2 months basic pay x YOS up to 19. The amendment granted a minimum six years credit for disability incurred in a combat zone or during the performance of combat operations and a minimum 3 years credit for all other situations.  <div style="text-align: right;"><b>SECTION III B - PEBLO INT:</b>      Initials</div>
<b>C. REVIEW BY UNITED STATES ARMY PHYSICAL DISABILITY ADMINISTRATION (USAPDA)/ ARMY PHYSICAL DISABILITY APPEAL BOARD (APDAB)</b>	
<b>Initials:</b>	I know and understand the USAPDA review process, to include the circumstances requiring mandatory review and the findings to be confirmed.
<b>Initials:</b>	I know and understand my election rights, rebuttal procedures, and time requirements for response if USAPDA modifies PEB findings and recommendations.
<b>Initials:</b>	I know and understand the APDAB review process if I nonconcur with USAPDA modification and submit a rebuttal.
<b>Initials:</b>	I know and understand my election rights, rebuttal procedures, and time limits in response to APDAB decision.
	<b>REMARKS:</b>  <div style="text-align: right;"><b>SECTION III C - PEBLO INT:</b>      Initials</div>
<b>D. TEMPORARY DISABILITY RETIREMENT LIST (TDRL)</b>	
<b>Initials:</b>	I have been counseled that there are specific criteria for placement on the TDRL and have been provided a copy of the MEDCOM TDRL FAQ Sheet.
<b>Initials:</b>	I have been counseled on my responsibility to change my status in DEERS and to contact TRICARE to ensure that my health care benefits continue to be available to me and my family.
<b>Initials:</b>	I have been counseled on the maximum tenure (5 Years) on TDRL and that this period of service will not count towards retirement.
<b>Initials:</b>	I have been counseled on the requirement for periodic medical examination and PEB evaluation while on TDRL.

SECTION III. MEB STEPS (Continued)			
<b>D. TEMPORARY DISABILITY RETIREMENT LIST (TDRL) (Continued)</b>			
Initials:	I have been counseled on the minimum rate of retired pay while on TDRL and provided an estimate.		
Initials:	I have been counseled that 10 USC 1401 (the law governing TDR compensation) does not permit a change in the disability rating for purposes of increasing or decreasing retired pay until the member is removed from the TDRL.		
Initials:	I have been counseled on the criteria for retention on the TDRL.		
Initials:	I understand that if the PEB recommends retention on the TDRL, I may not appeal the recommendation since status is not being changed.		
Initials:	I understand that failure to report for a scheduled examination or to keep Human Resources Command informed of current address will result in the suspension of retired pay.		
Initials:	My rights concerning return to a military status if I am determined fit have been explained to me. I understand that only Regular Army Soldiers have the statutory right to return to AD, and if enlisted, there is a 90-day time-requirement in which I must re-enlist.		
Initials:	I understand that if I am found fit off the TDRL and request length of service retirement, time-in-grade requirements will determine my retirement grade.		
	<b>REMARKS:</b>		
	<div>SECTION III D - PEBLO INT: Initials</div>		
<b>E. BENEFITS/PROGRAMS:</b>			
Initials:	I understand the rights available to retired members.		
Initials:	I understand that disability severance pay and that portion of disability retired pay related to the disability percentage (disability rating X member's retired pay base) is not subject to federal taxation when the compensation is awarded for a combat related disability as defined by 26 USC 104. I understand that if I am retired for physical disability certain benefits may accrue to me if I am later employed under Federal Civil Service. These benefits pertain to Service members who are retired for disability incurred due to armed conflict or caused by an instrumentality of war as defined in 5 USC for the specific benefit.		
Initials:	I understand the impact of VA compensation on disability severance and disability retired pay. I understand that I must apply to the VA for VA compensation and allied benefits.		
Initials:	I have been advised to file a claim with the VA during outprocessing at the Transition Point.		
Initials:	My PEBLO has assisted me with arranging contact with the VA, Social Security Administration and Department of Labor.		
Initials:	If I receive a retirement, my PEBLO will coordinate with the installation Retirement Services Officer for SBP counseling.		
Initials:	My PEBLO has coordinated with the Disabled Veterans Outreach Program Specialist for a counseling appointment. My Veterans Outreach Program Specialist is: _____ Telephone Number: _____ My Appointment is scheduled for: Date _____		
	<b>REMARKS:</b> The NDAA amended 10 USC 1212 to provide that the DVA will not recoup from the DVA compensation the disability severance pay awarded for a disability incurred in a combat zone or incurred during the performance of combat operations.		
	<div>SECTION III E - PEBLO INT: Initials</div>		
<b>SECTION IV. ACKNOWLEDGMENT</b>			
<b>A. I was counseled on the above marked items as they pertained to my disability evaluation.</b>			
1. SOLDIER'S TYPED OR PRINTED NAME AND RANK.  ,			
2. SOLDIER'S SIGNATURE (or authorized individual)		3. DATE SIGNED	
4. SOLDIER'S CONTACT INFO:			
HOME:		CELL:	FAX:
EMAIL:		AKO EMAIL:	
<b>B. I counseled the above-named soldier on those items listed in the above checklist as they pertained to the case.</b>			
1. TYPED OR PRINTED PEBLO NAME AND RANK.		2. POSITION TITLE AND GRADE PEBLO	
3. PEBLO'S SIGNATURE (or authorized individual)		4. DATE SIGNED	
PEBLO'S EMAIL:		PHONE:	